

Select Committee on Quality Improvements in State Hospitals

October 18, 2018

Mission: Transform lives by supporting sustainable recovery, independence and wellness

Budget Updates

ALSA's Response to Mental Health Transformation

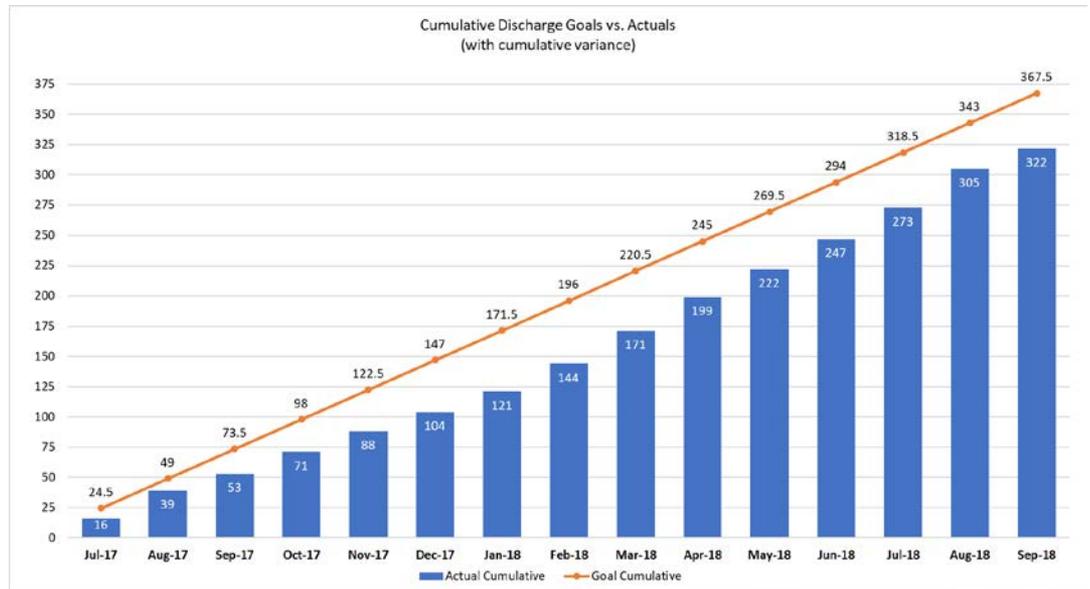
State Hospital Transitions



322 individuals transitioned from state hospitals into LTSS



4 additional ESFs by Fall/Winter 2019

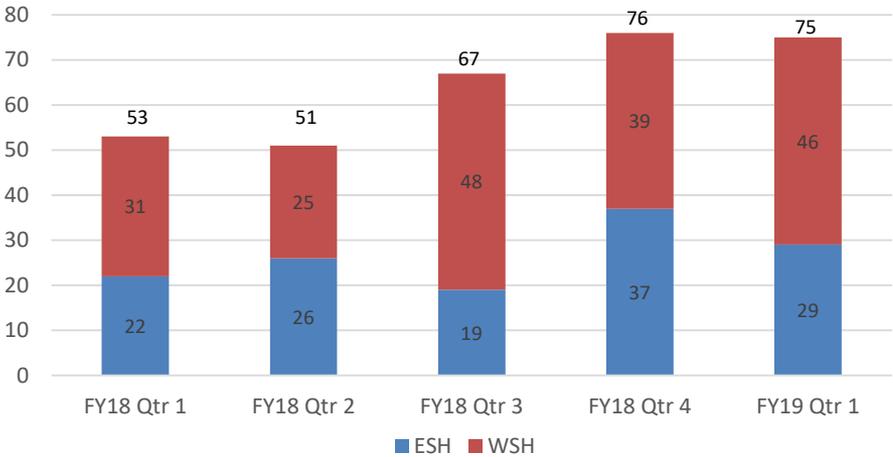


Avg. Daily Rate Across Settings
Increase from FY18 to FY19

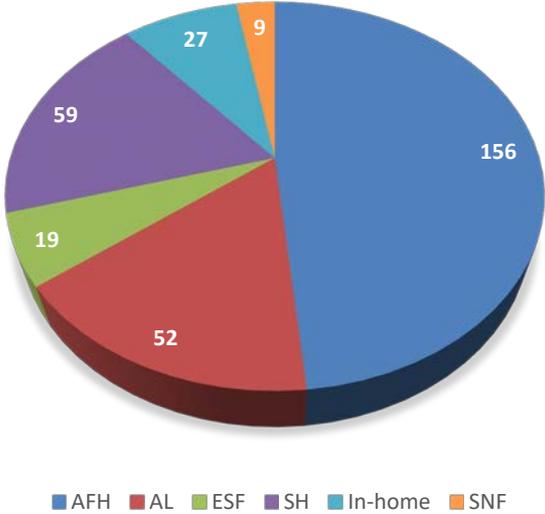
- 1st quarter FY18: \$171.62
- 1st quarter FY19: \$ 217.15

ALTA's Response to Mental Health Transformation

Quarterly Transitions by State Hospital



State Hospital Transitions by Setting



*Transitions as of 9/30/2018

ALTA - Building Community Investments

CY 2017	CY 2018	CY 2019
<p>Enhanced Services Facilities</p> <ul style="list-style-type: none"> Vancouver 12 beds Spokane 24 beds 	<p>Enhanced Services Facilities</p> <ul style="list-style-type: none"> Everett 16 beds (November) 	<p>Enhanced Services Facilities</p> <ul style="list-style-type: none"> Seattle 16 beds Auburn 32 beds Spokane 16 beds
<p>Conversions/ALF Specialized Services</p>	<p>Conversions/ALF Specialized Services</p> <ul style="list-style-type: none"> Tekoa 17 beds Tacoma 65 beds 	<p>Conversions/ALF Specialized Services</p>
<p>Expanded Community Services Plus (NF)</p>	<p>Expanded Community Services Plus (NF)</p> <ul style="list-style-type: none"> Tacoma 15-25 beds 	<p>Expanded Community Services Plus (NF)</p>
<p>Increase ECS/SBS Contracts AFH/ALF</p>	<p>Increase ECS/SBS Contracts AFH/ALF</p>	<p>ECS/SBS Contracts AFH/ALF</p>
<p>Supportive Housing</p> <ul style="list-style-type: none"> 7 Supportive Housing providers 	<p>Supportive Housing</p> <ul style="list-style-type: none"> 7 additional Supportive Housing providers 	<p>Supportive Housing</p> <ul style="list-style-type: none"> 4 additional providers projected
<ul style="list-style-type: none"> Training development and provider support 	<ul style="list-style-type: none"> Training development and provider support AFHC MOU 7/19/2018 	<ul style="list-style-type: none"> Training development and provider support

DDA Funded Mental Health Transformation

Who we will serve in this FY17-19 funded transition

13 clients who are ready or will be ready for discharge from ESH and WSH into SOLAs*. As of today, we have transitioned eight individuals into SOLA.

How DDA will phase in clients



*State Operated Living Alternatives are community residential programs operated by state employees.



Department of Commerce

Behavioral Health Housing

Cary Retlin

Behavioral Health Housing Administrator

October 2018

We Strengthen Communities

The Department of Commerce touches many aspects of community and economic development. We work with local governments, businesses, and civic leaders to strengthen communities so all Washington residents may thrive and prosper.



Planning



Infrastructure



Community
Facilities



Housing



Safety /
Crime Victims



Business
Assistance



2018 Provisos for Behavioral Health Housing *and Commerce activities to support those efforts*

- ❑ Create administrator at Commerce
- ❑ Develop BH housing options that aid discharge
 - Contract with HCA to fund long-term rent through HARPS (Housing and Recovery through Peer Services)
 - Funded housing for 376 individuals in SFY 2018 (ongoing)
 - Contracting to fund housing for those qualified for Medicaid Supportive Housing services who have BH housing needs in SFY 2019
 - Ongoing coordination with Housing Trust Fund, Capital Facilities, Consolidated Homeless Grants, federal awards



2018 Provisos for Behavioral Health Housing *and Commerce activities to support those efforts*

□ Facilitate links and capacity building

- Ongoing program and contract collaboration with HCA, DSHS, Commerce, local behavioral health and housing providers
- Represent Commerce on HCA Behavioral Health Advisory, A Way Home Washington Behavioral Health Youth Advisory
- Attend and report to Commerce-staffed state councils and boards (like State Advisory on Homelessness, Affordable Housing Advisory)
- Frequently attend and present to statewide behavioral health administrator meetings
- Ongoing discharge-related meetings and visits with programs and staff at ESH, WSH, etc.*
- Ongoing efforts to improve and link BH housing to existing Commerce programs and services



Fund beds for individuals with history of mental illness

HARPS Supportive Housing Subsidies (\$900k SFY 2018)

- Fund beds for individuals with history of mental illness
 - Contracted with HCA to provide 'deep' housing subsidy
 - Housed 376 people receiving HARPS in SFY 2018
 - Prioritized populations discharging from institutions
 - Services and housing is coordinated by local behavioral health organization

Washington State Health Care Authority

Behavioral Health Housing Subsidy Report to Commerce

Housing and Recovery through Peer Services (HARPS)

HARPS is a supportive housing program with a short-term 'bridge' subsidy designed to help individuals exiting inpatient behavioral healthcare settings into their choice of housing and services rather than homelessness. The supportive services are delivered by peers and include finding and maintaining housing. The short-term bridge subsidy can be used for deposits, rent, storage fees, moving costs, rent in an apartment, and utilities. The subsidies can also be used to maintain an apartment, if someone goes into an inpatient setting while working with the HARPS team. Housing 'bridge' subsidies are estimated at \$500 per person per month.

The Priority Population for HARPS include:

- Individuals who are experiencing Co-Occurring (Mental Health & Substance Use) Disorders and do not meet Access to Care Standards; or
- Individuals who experience mental health issues and meet Access to Care Standards;
- Individuals who experience substance use disorders and meet ASAM level 2 or higher
- Who are discharged from or at risk of entering:
 - Psychiatric Inpatient settings; or
 - Substance Abuse Treatment Inpatient Settings
- Who are homeless/at-risk of homelessness (broad definition of homelessness, couch surfing included).

HARPS started with three pilot sites chosen by the legislature: Grays Harbor (now part of Great River BHO), North Sound BHO, and Greater Columbia BHO. During the 2016 Legislative Session, the allocated Mental Health Block Grant Funds to provide for four more teams. King County BHO, Clark County BHO, Pierce BHO, Salish BHO and Spokane County BHO were chosen as these new sites. The following Legislative Session Thurston-Mason BHO was awarded a team and subsidy funds.

Commerce funds expended through the HARPS Teams

In 2018 DBHR partnered with the Department of Commerce to provide long term rental subsidy HARPS participants.

The legislature allocated funds for behavioral health housing subsidies to the Department of Commerce (Commerce), who partnered with the Division of Behavioral Health and Recovery (DBHR) to support housing stability for individuals with a longer-term need. This partnership helped individuals with



Community Behavioral Health Rent Assistance Pilot:

Four grants to link services with housing (\$900k in FY 2019)

☐ Fund beds for individuals with history of mental illness

- Links those qualified to Medicaid Foundational Community Supports to rent subsidy
- Prioritizes people discharging from institutions
- Requires coordination and engagement to support people with long-term needs
- Can pay rent, arrears, deposits and other housing costs
- Can pay for administrative services not payable elsewhere



Department of Commerce

STATE OF WASHINGTON
DEPARTMENT OF COMMERCE

REQUEST FOR PROPOSALS (RFP)
RFP NO. 463P0210-01

NOTE: If you download this RFP from the Department of Commerce website, you are responsible for sending your name, address, e-mail address, and telephone number to the RFP Coordinator in order for your organization to receive any RFP amendments or bid questions/agency answers.

Amendments were made to this RFP document in red strikethrough on September 26 in section 4.2 page 16.
A Question and answer document and link to a recording of the September 24 pre-proposal webinar were also posted online on WEBS and the Commerce website.

PROJECT TITLE: Community Behavioral Health Rental Assistance Pilot

PROPOSAL DUE DATE: October 5, 2018– 5:00 PM, Pacific Daylight Time, Olympia, Washington, USA.

ESTIMATED TIME PERIOD FOR CONTRACT: October 25, 2018– June 30, 2019
The Agency reserves the right to extend the contract for up to two additional one-year periods at the sole discretion of the Agency.

APPLICANT ELIGIBILITY: This procurement is open to those Applicants that satisfy the minimum qualifications stated herein and that are available for work in Washington State.

CONTENTS OF THE REQUEST FOR PROPOSALS:

1. Introduction
2. General Information for Applicants
3. Proposal Contents
4. Evaluation and Award



Research related to Behavioral Health Housing

- ❑ Develop and maintain inventory of community beds by bed type
 - Support PCG research related to statewide bed study
 - Funded “Homelessness among Clients” ... through DSHS RDA
 - Future research may focus on discharging youth and young adults



Homelessness among Clients Exiting Inpatient Behavioral Health Settings: A Preliminary Assessment of Supportive Housing Need in Washington State

Taylor Danielson, PhD • Jim Mayfield • Barbara A. Lucenko, PhD • W. Webb Spivey
Barbara E.M. Felver, MES, MPA

Prepared for the Washington State Department of Commerce, Cary Retlin, Behavioral Health Housing Administrator

INPATIENT TREATMENT OR HOSPITALIZATION FOR BEHAVIORAL HEALTH DISORDERS is associated with a higher likelihood of housing instability and homelessness following exit from an inpatient treatment setting (Olson et al. 1999; Weitzman, Knickman, & Shinn 2013), suggesting that these individuals may have a pronounced need for additional support. This report provides updated estimates of the prevalence of homelessness and housing instability among clients exiting residential and inpatient mental health or substance use disorder treatment settings, as well as preliminary information on their characteristics, service use, and location. In this report we address the following questions:

QUESTIONS

1. How many clients exited behavioral health inpatient settings in SFY 2016?
2. Of these clients, how many were homeless in the year following discharge?
3. How many received some form of homelessness intervention as reported in the Management Information System?
4. In what ways do clients who were homeless differ from their peers who remained housed following exit from an institutional setting?
5. How are these clients distributed across counties in Washington State?

Key Findings

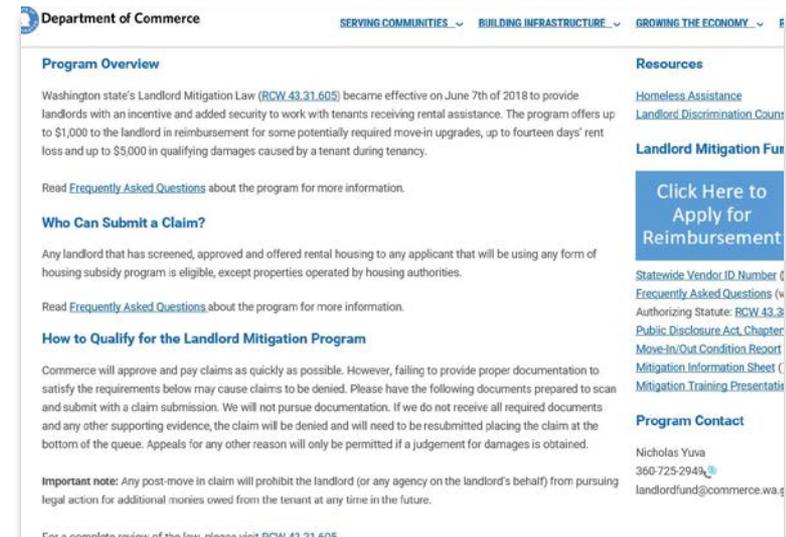
- One out of three clients exiting a mental health inpatient setting in SFY 2016 were housed in the year following exit, while approximately one out of five were homeless. Half of SUD inpatient exiters experienced some form of housing instability and one-third were homeless during this same period.



Other activities to support behavioral health housing

Facilitate links and capacity building

- Oversee HUD 811 Rental Assistance
- Oversight startup of Landlord Mitigation Program
 - Any subsidized tenant in public or private unit (PHAs are excluded)
 - Pays up to \$1,000 to the landlord for some move-in upgrades, up to 14 days' rent loss
 - Up to \$5,000 in qualifying damages
- Collaborate with HCA on multiple technical assistance projects, including some that support Commerce directly.



The screenshot shows the Department of Commerce website page for the Landlord Mitigation Program. The page is titled "Program Overview" and includes sections for "Who Can Submit a Claim?" and "How to Qualify for the Landlord Mitigation Program". A prominent blue button on the right side of the page reads "Click Here to Apply for Reimbursement". The page also features a "Resources" section with links to "Homeless Assistance", "Landlord Discrimination Coun...", and "Landlord Mitigation Fur...". The "Program Contact" section lists Nicholas Yuva with the phone number 360-725-2943 and the email address landlordfund@commerce.wa.g.



Next steps for behavioral health housing administrator at Commerce

- **Link more housing and services for those discharging**
 - Grow capacity to fund more housing (currently \$1.9 million for rent assistance)
 - Incent master leases for supportive housing
- **Incent new behavioral health supportive housing units**
 - Grow capacity and applications to Housing Trust Fund
 - Support conversion of transitional housing into supportive housing
- **Support development of new facilities that serve high- need individuals discharging**
- **Collaborate among agencies and providers**
 - Quantify future permanent housing needs
 - Support conversion of transitional housing into supportive housing





Department of Commerce

Presented by:

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Behavioral Health Housing Administrator

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24 (25) \$140,000 of the general fund—state appropriation for fiscal
25 year 2018 and \$140,000 of the general fund—state appropriation for
26 fiscal year 2019 are provided solely to create a behavioral health
27 supportive housing administrator within the department to coordinate
28 development of effective behavioral health housing options and
29 services statewide to aide in the discharge of individuals from the
30 state psychiatric hospitals. This position must work closely with the
31 health care authority, department of social and health services, and
32 other entities to facilitate linkages among disparate behavioral
33 health community bed capacity-building efforts. This position must
34 work to integrate building infrastructure capacity with ongoing
35 supportive housing benefits, and must also develop and maintain a
36 statewide inventory of mental health community beds by bed type.

10 (27) \$990,000 of the general fund—state appropriation for fiscal
11 year 2018 and \$1,980,000 of the general fund—state appropriation for
12 fiscal year 2019 are provided solely for 150 community beds for
13 individuals with a history of mental illness. Currently, there is
14 little to no housing specific to populations with these co-occurring
15 disorders; therefore, the department must consider how best to
16 develop new bed capacity in combination with individualized support
17 services, such as intensive case management and care coordination,
18 clinical supervision, mental health, substance abuse treatment, and
19 vocational and employment services. Case-management and care
20 coordination services must be provided. Increased case-managed
21 housing will help to reduce the use of jails and emergency services
22 and will help to reduce admissions to the state psychiatric
23 hospitals. The department must coordinate with the health care
24 authority and the department of social and health services in
25 establishing conditions for the awarding of these funds. The
26 department must contract with local entities to provide a mix of (a)
27 shared permanent supportive housing; (b) independent permanent
28 supportive housing; and (c) low and no-barrier housing beds for
29 people with a criminal history, substance abuse disorder, and/or
30 mental illness.

31 Priority for permanent supportive housing must be given to
32 individuals on the discharge list at the state psychiatric hospitals
33 or in community psychiatric inpatient beds whose conditions present
34 significant barriers to timely discharge.

ESSB 6032/Enhanced Funding

- **FY 2018 supplemental operating budget:** Community behavioral health programs funding enhancement
- **ESSB 6032, Section 213(5)(pp):** opportunity for additional funding for Behavioral Health Organizations – **solely for enhancement of community-based behavioral health services**
- Fiscal assumptions also included funding opportunity for fully integrated managed care regions

FY 2018 Supplemental Operating Budget

- Additional funding to community mental health programs:
 - \$23.09 million general fund (state FY 2019 appropriation)
 - \$46.222 million general fund (federal appropriation)

Region Plans

- Regions asked to submit plans by June 2018 on:
 - Reducing use of long-term commitment beds through community alternatives
 - Complying with RCW 71.05.365: state hospital patient transition to community setting within 14 days
 - Improving staff recruitment/retention
 - Diverting individuals with behavioral health issues from criminal justice system
 - Improving recovery-oriented services

Funds Awarded – June 2018

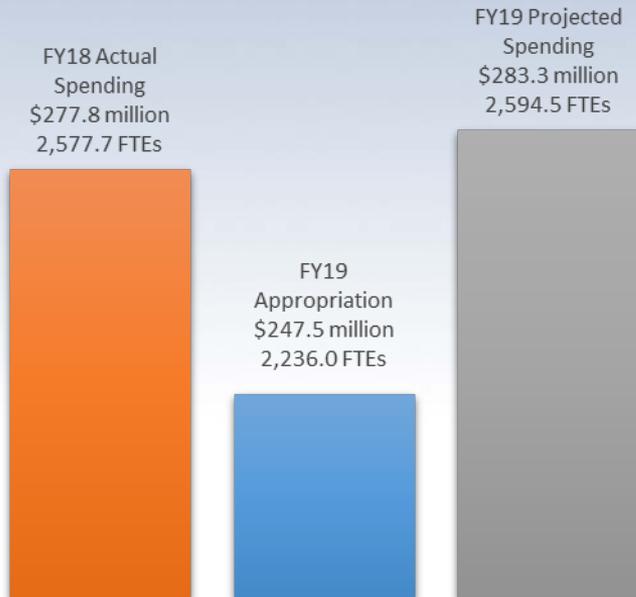
- Based on submitted plans, regions awarded community behavioral health program enhanced funding starting July 2018:
 - **Greater Columbia, Great Rivers, King, North Central, North Sound, Optum-Pierce, Salish, SouthWest, Spokane, Thurston-Mason**
- Medicaid funding – along with general state funding – included in contracted monthly prepaid health plan payments

Examples: Regional Enhancement Plans

Area of Focus	Region	Enhancement Plan
1. Reduction in use of long-term commitment beds	King	Working with local behavioral health and primary care providers, with service costs supported by enhancement funds
2. Transition of state hospital patients into community settings (within 14 days of determination patient no longer requires active psychiatric treatment)	Pierce	Transitional Community Support Services offered to individuals on state hospital discharge list who may benefit from additional outreach and engagement
3. Improvement of staff recruitment and retention	Spokane	Implementing performance incentive for providers
4. Diversion of individuals with behavioral health issues from criminal justice system	Salish	New data system capabilities and a new triage center that will accept direct police officer drop-offs
5. Efforts to improve recovery-oriented services	North Central	Several agencies taking steps to increase peer capacity

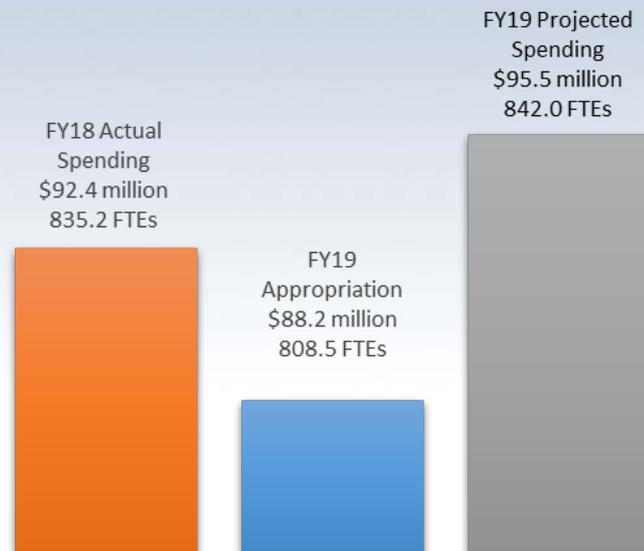
Hospital Staffing Spending

Western State Hospital



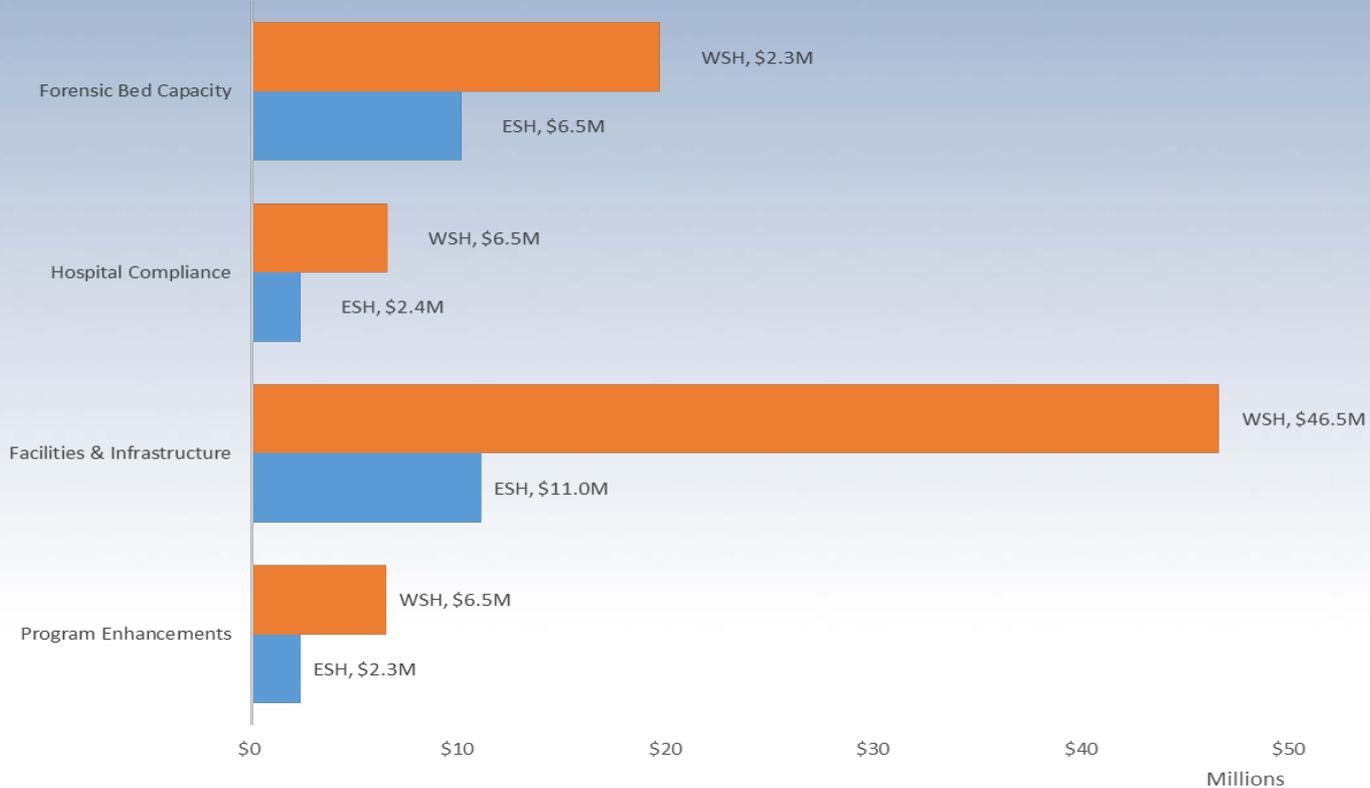
*Staffing model recommends 2,627.0 FTEs

Eastern State Hospital



*Staffing model recommends 1,025.0 FTEs

Capital Investments in State Hospitals FY2015 through FY2018



14-day Ready for Discharge Compliance

- 2018 Budget Proviso – RCW 71.05.365
- Multi-agency workgroup approved operational definition of *“no longer requires active treatment at an inpatient level”* – based on CMS definition
- Automation of data collection across hospitals is complicated and will take time; data collection will be manual until automated solution can be implemented.
- Regular reports expected by end of 2018

Hospital Certification

Plan is a work in progress:

- CSM contractor is working with CMS for clarification
- Old buildings, Forensic wards unlikely to be certified again
- New buildings = best route for CMS certification

Hospital Oversight Update

Dana Phelps, Assistant Secretary
DSHS Services & Enterprise Support
Administration

Lori Melchiori, Deputy Assistant Secretary
DSHS Services & Enterprise Support
Administration

DSHS Secretary Directive

Review Western State Hospital regulatory oversight program and ensure there is a comprehensive program absent CMS certification and oversight.

- This resulted in the addition of a “DOH Plus” contract

Hospital Oversight

Multi-pronged approach including:

- Labor and Industries - Staff safety
- CSM – contracted to monitor adherence to CMS 26 Conditions of Participation
- West Pierce Fire – Safety of fire alarms, sprinklers, etc.
- DOH Routine Oversight
 - Board of Pharmacy
 - Uniform Disciplinary Act
 - Food Service

Hospital Oversight *(continued)*

- DOH Plus (through contract) – DOH will treat DSHS like any other community hospital not certified by CMS, which means:
 - DOH will receive and investigate complaints
 - DSHS will report Adverse Health Events (per WAC 246-302-030)
 - DSHS will report Operational or Maintenance Events (per WAC 246-320-151)
- Additionally, WSH will continue to be reviewed by DSHS internal audit team and subject to external audits of its practices

Trueblood Settlement **Agreement Update**

Amber Leaders, Assistant Attorney General
Office of the Attorney General

Trueblood Agreement & Negotiations



February 2018

Parties' stipulated negotiation agreement accepted by federal court



February – April 2018

Gather stakeholder input

Multiple negotiation sessions between Parties



April – August 2018

Draft plan (general principles / initial plans) complete by **May 4**

Seek stakeholder input on plan through **June 8**

June 8 - Aug. 1: Revisions based on feedback; final agreement drafted

Signed agreement **Aug. 16**



August – November 1, 2018

Seek Court approval **Aug. 30**

If Court preliminarily approves, agreement goes to Class members for 60-day comment period **Sept. 1 – Oct. 30**

Submit for inclusion in Governor's 2019-2021 Biennial Budget

Dates to be adjusted pending Court decision

Trueblood Settlement Agreement



- Multi-year, multi-phase plan
- Expands residential mental health with crisis services
- Provides training for jail staff and law enforcement
- Establishes court navigators
- Adds more mental health professionals to educate about supports available to individuals waiting in jail for evaluation and restoration services

Goals

- Reduce number of people who become or remain class members
- Provide timely services for those who cannot be diverted from becoming or remaining class members
- Focus on effective outcomes and build upon successes of existing programs in Washington

Trueblood Settlement Agreement



“This Agreement is a product of extensive work with stakeholders and input from experts in their fields. It is an informed and thoughtful estimation of the best plan to resolve the ongoing constitutional crisis before the Court. However, the Parties recognize and acknowledge the need for flexibility in developing the comprehensive changes proposed, and that the purpose and intent of each element could be achieved by alternative methods. The Parties further agree to give due consideration to the totality of any decisions or actions taken by the Legislature in implementing this Agreement to determine if the spirit of the Agreement, if not the letter, has been upheld before pursuing an allegation of material breach for any element that does not specifically identify what constitutes material breach.” Trueblood Agreement V.A.3, pg. 46-47.

Trueblood Contempt Fines* **July 8, 2016 – September 30, 2018**

Inpatient:

\$77,010,500

Jail-based:

\$1,206,492

TOTAL (*Inpatient + Jail-based*):

\$78,216,992

Note:

*Due to issues associated with the implementation of the new forensic data system in August 2018, monthly total fines for August and September 2018 are estimates.

Data Sources:

WSH: FES in Cache provided by Al Bouvier; ESH: MILO provided by Yaroslav Trusevich
Compiled by DSHS RDA, As of October 15, 2018

Transforming
Lives

Thank You

